Imperial College Healthcare NHS Trust
Charing Cross Hospital

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<th>Region:</th>
<th>London</th>
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<tr>
<td>Location address:</td>
<td>Fulham Palace Road Hammersmith London W6 8RF</td>
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<tr>
<td>Type of service:</td>
<td>Acute services with overnight beds Urgent care services Doctors treatment service</td>
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<td>Date of Publication:</td>
<td>March 2012</td>
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<td>Overview of the service:</td>
<td>Charing Cross Hospital is part of Imperial College Healthcare NHS Trust and provides a full range of adult clinical specialties. It is also a key site for the teaching of medical students from Imperial College London. The Kennedy Institute of Rheumatology and the West London Neuroscience Centre are</td>
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located at this site. The hospital has approximately 580 beds.
Our current overall judgement

Charing Cross Hospital was meeting all the essential standards of quality and safety.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review because concerns were identified in relation to:

Outcome 06 - Cooperating with other providers
Outcome 08 - Cleanliness and infection control

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 31 January 2012, talked to staff and talked to people who use services.

What people told us

We visited ten wards and departments and spoke to patients who were using the service. The majority of patients we spoke with were happy with the care they were receiving. They felt involved in their discharge arrangements and gave some examples of how the pre-admission preparation for some planned procedures had helped them throughout their stay.

Patients also told us that they found the hospital to be clean and saw staff washing their hands and using gel appropriately.

What we found about the standards we reviewed and how well Charing Cross Hospital was meeting them

Outcome 06: People should get safe and coordinated care when they move between different services

The provider works in cooperation with others to ensure the safe admission, transfer and discharge of patients. Overall, Charing Cross Hospital was meeting this essential standard.

Outcome 08: People should be cared for in a clean environment and protected from the risk of infection
We found the wards inspected to be clean and the provider to have systems in place to prevent and control the risk of infection. Overall, Charing Cross Hospital was meeting this essential standard.

Other information

Please see previous reports for more information about previous reviews.
What we found
for each essential standard of quality
and safety we reviewed
The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*
Outcome 06: Cooperating with other providers

What the outcome says
This is what people who use services should expect.

People who use services:
* Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

What we found

Our judgement
The provider is compliant with Outcome 06: Cooperating with other providers

Our findings

What people who use the service experienced and told us
The majority of patients told us that they felt involved in the discharge process and knew when they were likely to be discharged. We were told by patients that they had met with staff from social services and were aware of their involvement in their discharge arrangements.

We spoke to one patient in one area that had been told the time they were going home but had not yet received all their information. They told us that their daughter had been involved in the discharge process.

Patients in one ward described how they had attended a 'joint school' as part of their admission and discharge preparation for an orthopaedic procedure. They told us that this had made 'everything easy to understand' and had worked in practice.

Other evidence
The staff we spoke with described how the discharge process worked on their ward. They told us that they had access to a discharge coordinator for more complex discharges. In some of the wards, staff used discharge tickets as written documentation, to notify patients of their discharge time and any services organised for them. This was not used routinely across all of the wards, but was available in the trust's discharge policy.

Staff told us that an anticipated date of discharge is decided upon on admission. We saw evidence of these being documented in patients' records. Staff reported that if this
date changed for medical reasons they would notify social services. We saw evidence of this happening in practice.

We were shown the discharge policy that outlined the process that should be followed depending upon the patients' needs. We saw examples of straightforward and complex discharges in patient records. There was evidence of all professionals being involved in this process.

We were shown the electronic discharge communication that is generated for all patients. We noted that this was printed and filed in the majority of patient records we inspected. We saw some examples where clinical information was brief and in some cases some information was omitted.

Medical staff told us that they received training in how to complete the electronic discharge forms. They also informed us that consultants would request specific information to be added as necessary and in some instances would write their own discharge letters.

**Our judgement**
The provider works in cooperation with others to ensure the safe admission, transfer and discharge of patients. Overall, Charing Cross Hospital was meeting this essential standard.
Outcome 08: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

What we found

Our judgement

The provider is compliant with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

The majority of patients we spoke with told us that the wards were clean and tidy. They reported seeing staff washing or using gel to clean their hands appropriately.

Other evidence

All of the areas we inspected were found to be clean and tidy. We saw cleaning schedules displayed in each area.

We saw evidence of guidance on how to clean equipment, including commodes, displayed in the sluice rooms. Staff described the process to us including how clean equipment is identified. We noted that in one area staff were using wipes to clean rather than the product in the guidance; however this was not observed in any other area inspected. All of the equipment we inspected including the commodes, was found to be clean and labelled as such.

We saw that personal protective equipment (gloves and aprons) was available throughout the wards. We noted hand gel to be present at the point of patient care. We observed staff using gloves and aprons appropriately the majority of times and gelling their hands between patients.

Staff described how they would isolate patients as required. They told us that in that instance, the infection control team would visit the ward regularly to ensure the appropriate measures were in place. We saw appropriate signage being used for isolation purposes. The majority of the doors were closed.

There was signage clearly displayed throughout the hospital reminding staff and visitors
to wash or gel their hands. In addition, we saw a range of information leaflets regarding infection control available on the wards.

Staff told us that audits are undertaken regularly. We saw evidence of results of infection control audits and infection rates displayed in the wards, where patients and the public could view them.

The majority of staff we spoke with had received infection control training each year. Nursing staff told us that they have started to have additional training on the aseptic non-touch technique. This is used when staff are cleaning patients' wounds or accessing intravenous (in the vein) devices. We were shown the competency booklets that they are required to complete. Medical staff informed us that they now receive specific training on taking blood cultures during their induction period.

We were shown the antimicrobial reference book that is given to all medical staff on induction. In addition, they told us that they are updated if there are any changes made to this. We were shown evidence of such updates being clearly displayed.

Staff told us that they have infection control link nurses on their wards, who meet with the infection control team and provide staff with updates. In addition, ward staff told us that the infection control team were accessible and available for advice at all times.

**Our judgement**

We found the wards inspected to be clean and the provider to have systems in place to prevent and control the risk of infection. Overall, Charing Cross Hospital was meeting this essential standard.
What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions**: These are actions a provider should take so that they *maintain* continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions**: These are actions a provider must take so that they *achieve* compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action**: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.
Information for the reader

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<th>Review of compliance report</th>
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<td>Author</td>
<td>Care Quality Commission</td>
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